

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542071

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5						
6				1		
7						
8			1			
9				1		
10						
11				1		
12						
13				1		
14						
15				1		
16						
17				1		
18						
19				1		
20						
21				1		
22						
23				1		
24						
25				1		
26						
27				1		
28						
29				1		
30						
31				1		
32						
33				1		
34						
35			1			
36				1		
37						
38			1			
39				1		
40						
41				1		
42						
43				1		
44						
45				1		
46						
47				1		
48						
49				1		
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53				1		
54						
55				1		
56						
57				1		
58						
59				1		
60						
61				1		
62						
63				1		
64						
65				1		
66						
67				1		
68						
69				1		
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79				1		
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81				1		
82						
83				1		
84						
85				1		
86						
87				1		
88						
89				1		
90						
91				1		
92						
93				1		
94						
95				1		
96						
97				1		
98						
99				1		
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	64	←		←
TOTAL CLAIMS			68			